



22713 U.S.PTO

031004

EXPRESS MAIL NO.: EV415996662US

UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No.:	CS0104AK
First Inventor:	Yang, YuRi et al.
Title:	CLOSEABLE RADIO COMMUNICATIONS DEVICE PROVIDING A N ACOUSTIC CHAMBER
Express Mail Label No.:	EV415996662US

(Only for new nonprovisional applications under 37 CFR 1.53(b))



031004

APPLICATION ELEMENTS

(see MPEP chapter 600 concerning
utility patent application contents)

ADDRESS TO:

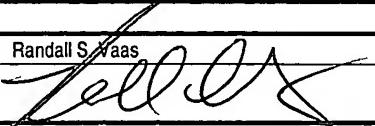
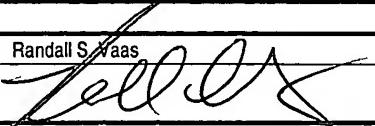
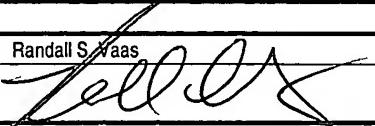
Mail Stop Patent Application
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate
(Submit an original and a duplicate for fee processing) | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) |
| 2. <input type="checkbox"/> Applicant claims small entity status
See 37 CFR 1.27 | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence
(if applicable, all necessary) |
| 3. <input checked="" type="checkbox"/> Specification Total Pages 19
(preferred arrangement set forth below) | a. <input type="checkbox"/> Computer Readable Form (CFR) |
| -Descriptive title of the invention | b. <input type="checkbox"/> Specification Sequence Listing on: |
| -Cross Reference to Related Applications | i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies): |
| -Statement Regarding Fed sponsored R&D | ii. <input type="checkbox"/> or paper |
| -Reference to sequence listing, a table, | c. <input type="checkbox"/> Statements verifying identity of above copies |
| -Background of the Invention | |
| -Brief Summary of the Invention | |
| -Brief Description of the Drawings (if filed) | |
| -Detailed Description | |
| -Claim(s) | |
| -Abstract of the Disclosure | |
| 4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets 4 | |
| 5. Oath or Declaration | |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy) | 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) | 10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee) |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | 11. <input type="checkbox"/> English Translation Document (if applicable) |
| 6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76 | 12. <input type="checkbox"/> IDS <input type="checkbox"/> Copies of IDS Citations |
| 18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) Prior Appl. No. _____ | 13. <input type="checkbox"/> Preliminary Amendment |
| Prior Appl. information: Examiner: _____ Group/Art Unit: _____ | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | |

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	20280	or	<input type="checkbox"/> Correspondence address below
Name	Randall S. Vaas		
Address	Motorola, Inc. – Law Department 600 North U.S. Highway 45		
City	Libertyville	State	IL
Country	U.S.A.	Telephone	847-523-2327
Name	Randall S. Vaas	Registration No.	34,479
SIGNATURE	Date 3-10-2004		

CS0104AK

FEE TRANSMITTAL <small>Patent fees are subject to annual revision</small>				<i>Complete if Known</i>																																																																																																																																																																																																																																																																																						
				Application Number																																																																																																																																																																																																																																																																																						
				Filing Date		3/10/04																																																																																																																																																																																																																																																																																				
				First Named Inventor		Yang, YuRi et al.																																																																																																																																																																																																																																																																																				
				Examiner Name																																																																																																																																																																																																																																																																																						
				Group Art Unit																																																																																																																																																																																																																																																																																						
TOTAL AMOUNT OF PAYMENT		(\$ 864.00)		Attorney Docket No.		CS0104AK																																																																																																																																																																																																																																																																																				
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																						
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 502117 Deposit Account Name Motorola, Inc.				3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Fee Code</th> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2"><u>Fee Description</u></th> </tr> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late Provisional filing</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td></tr> <tr><td>1254</td><td>1480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td></tr> <tr><td>1255</td><td>2010</td><td>2255</td><td>1005</td><td>Extension for reply within fifth month</td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td></tr> <tr><td>1453</td><td>1330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td></tr> <tr><td>1501</td><td>1330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of IDS</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td></tr> <tr><td colspan="4">Other fee (specify) _____</td><td colspan="4"></td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1) (\$ 770.00)</td> <td colspan="4" style="text-align: right;">SUBTOTAL (3) (\$ 40.00)</td> </tr> <tr> <td colspan="4"> 2. EXTRA CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Total Claims</th> <th colspan="2">Previously Paid**</th> <th rowspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Large Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>23</td> <td>-</td> <td>20</td> <td>=</td> <td>3</td> <td>X</td> <td>18</td> <td>=</td> <td>54</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>-</td> <td>3</td> <td>=</td> <td>0</td> <td>X</td> <td>86</td> <td>=</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>290</td> <td>=</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </td> <td colspan="4"></td> </tr> <tr> <td colspan="4"> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Large Fee Code (\$)</th> <th colspan="2">Entity Fee Code (\$)</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee (\$)</th> <th>Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9 Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43 Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145 Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43 * Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9 * Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> </td> <td colspan="4"></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2) (\$ 54.00)</td> <td colspan="4"></td> </tr> <tr> <td colspan="4"> <small>**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE. *For Reissues, see above</small> </td> <td colspan="4"></td> </tr> <tr> <td colspan="4"> SUBMITTED BY Name (Print/Type) Randall S. Vaas  </td> <td colspan="4"> Complete (if applicable) Registration No. 34,479 Telephone 847-523-2327 Date 3-10-2004 </td> </tr> </tbody></table>				Fee Code	Large Entity		Small Entity		<u>Fee Description</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	1051	130	2051	65	Surcharge - late filing fee or oath	1052	50	2052	25	Surcharge - late Provisional filing	1053	130	1053	130	Non-English specification	1812	2520	1812	2520	For filing a request for ex parte Reexamination	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action	1251	110	2251	55	Extension for reply within first month	1252	420	2252	210	Extension for reply within second month	1253	950	2253	475	Extension for reply within third month	1254	1480	2254	740	Extension for reply within fourth month	1255	2010	2255	1005	Extension for reply within fifth month	1401	330	2401	165	Notice of Appeal	1402	330	2402	165	Filing a brief in support of an appeal	1403	290	2403	145	Request for oral hearing	1451	1510	1451	1510	Petition to institute a public use proceeding	1452	110	2452	55	Petition to revive - unavoidable	1453	1330	2453	665	Petition to revive - unintentional	1501	1330	2501	665	Utility issue fee (or reissue)	1502	480	2502	240	Design issue fee	1503	640	2503	320	Plant issue fee	1460	130	1460	130	Petitions to the Commissioner	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	1806	180	1806	180	Submission of IDS	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	1801	770	2801	385	Request for Continued Examination (RCE)	1802	900	1802	900	Request for expedited examination of a design application	Other fee (specify) _____								SUBTOTAL (1) (\$ 770.00)				SUBTOTAL (3) (\$ 40.00)				2. EXTRA CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Total Claims</th> <th colspan="2">Previously Paid**</th> <th rowspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Large Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>23</td> <td>-</td> <td>20</td> <td>=</td> <td>3</td> <td>X</td> <td>18</td> <td>=</td> <td>54</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>-</td> <td>3</td> <td>=</td> <td>0</td> <td>X</td> <td>86</td> <td>=</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>290</td> <td>=</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Total Claims	Previously Paid**		Extra Claims	Fee from below		Fee Paid	Large Fee Code (\$)	Entity Fee Code (\$)				Total Claims	23	-	20	=	3	X	18	=	54	Independent Claims	2	-	3	=	0	X	86	=		Multiple Dependent					290	=								<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Large Fee Code (\$)</th> <th colspan="2">Entity Fee Code (\$)</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee (\$)</th> <th>Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9 Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43 Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145 Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43 * Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9 * Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>				Large Fee Code (\$)	Entity Fee Code (\$)		Fee Description	Fee (\$)	Code	Fee (\$)	1202	18	2202	9 Claims in excess of 20	1201	86	2201	43 Independent claims in excess of 3	1203	290	2203	145 Multiple dependent claim, if not paid	1204	86	2204	43 * Reissue independent claims over original patent	1205	18	2205	9 * Reissue claims in excess of 20 and over original patent					SUBTOTAL (2) (\$ 54.00)								<small>**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE. *For Reissues, see above</small>								SUBMITTED BY Name (Print/Type) Randall S. Vaas 				Complete (if applicable) Registration No. 34,479 Telephone 847-523-2327 Date 3-10-2004			
Fee Code	Large Entity		Small Entity		<u>Fee Description</u>																																																																																																																																																																																																																																																																																					
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)																																																																																																																																																																																																																																																																																						
1051	130	2051	65	Surcharge - late filing fee or oath																																																																																																																																																																																																																																																																																						
1052	50	2052	25	Surcharge - late Provisional filing																																																																																																																																																																																																																																																																																						
1053	130	1053	130	Non-English specification																																																																																																																																																																																																																																																																																						
1812	2520	1812	2520	For filing a request for ex parte Reexamination																																																																																																																																																																																																																																																																																						
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action																																																																																																																																																																																																																																																																																						
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action																																																																																																																																																																																																																																																																																						
1251	110	2251	55	Extension for reply within first month																																																																																																																																																																																																																																																																																						
1252	420	2252	210	Extension for reply within second month																																																																																																																																																																																																																																																																																						
1253	950	2253	475	Extension for reply within third month																																																																																																																																																																																																																																																																																						
1254	1480	2254	740	Extension for reply within fourth month																																																																																																																																																																																																																																																																																						
1255	2010	2255	1005	Extension for reply within fifth month																																																																																																																																																																																																																																																																																						
1401	330	2401	165	Notice of Appeal																																																																																																																																																																																																																																																																																						
1402	330	2402	165	Filing a brief in support of an appeal																																																																																																																																																																																																																																																																																						
1403	290	2403	145	Request for oral hearing																																																																																																																																																																																																																																																																																						
1451	1510	1451	1510	Petition to institute a public use proceeding																																																																																																																																																																																																																																																																																						
1452	110	2452	55	Petition to revive - unavoidable																																																																																																																																																																																																																																																																																						
1453	1330	2453	665	Petition to revive - unintentional																																																																																																																																																																																																																																																																																						
1501	1330	2501	665	Utility issue fee (or reissue)																																																																																																																																																																																																																																																																																						
1502	480	2502	240	Design issue fee																																																																																																																																																																																																																																																																																						
1503	640	2503	320	Plant issue fee																																																																																																																																																																																																																																																																																						
1460	130	1460	130	Petitions to the Commissioner																																																																																																																																																																																																																																																																																						
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)																																																																																																																																																																																																																																																																																						
1806	180	1806	180	Submission of IDS																																																																																																																																																																																																																																																																																						
8021	40	8021	40	Recording each patent assignment per property (times number of properties)																																																																																																																																																																																																																																																																																						
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))																																																																																																																																																																																																																																																																																						
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))																																																																																																																																																																																																																																																																																						
1801	770	2801	385	Request for Continued Examination (RCE)																																																																																																																																																																																																																																																																																						
1802	900	1802	900	Request for expedited examination of a design application																																																																																																																																																																																																																																																																																						
Other fee (specify) _____																																																																																																																																																																																																																																																																																										
SUBTOTAL (1) (\$ 770.00)				SUBTOTAL (3) (\$ 40.00)																																																																																																																																																																																																																																																																																						
2. EXTRA CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Total Claims</th> <th colspan="2">Previously Paid**</th> <th rowspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Large Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>23</td> <td>-</td> <td>20</td> <td>=</td> <td>3</td> <td>X</td> <td>18</td> <td>=</td> <td>54</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>-</td> <td>3</td> <td>=</td> <td>0</td> <td>X</td> <td>86</td> <td>=</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>290</td> <td>=</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Total Claims	Previously Paid**		Extra Claims	Fee from below		Fee Paid	Large Fee Code (\$)	Entity Fee Code (\$)				Total Claims	23	-	20	=	3	X	18	=	54	Independent Claims	2	-	3	=	0	X	86	=		Multiple Dependent					290	=																																																																																																																																																																																																																																																
Total Claims	Previously Paid**		Extra Claims		Fee from below			Fee Paid																																																																																																																																																																																																																																																																																		
	Large Fee Code (\$)	Entity Fee Code (\$)																																																																																																																																																																																																																																																																																								
Total Claims	23	-	20	=	3	X	18	=	54																																																																																																																																																																																																																																																																																	
Independent Claims	2	-	3	=	0	X	86	=																																																																																																																																																																																																																																																																																		
Multiple Dependent					290	=																																																																																																																																																																																																																																																																																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Large Fee Code (\$)</th> <th colspan="2">Entity Fee Code (\$)</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee (\$)</th> <th>Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9 Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43 Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145 Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43 * Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9 * Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>				Large Fee Code (\$)	Entity Fee Code (\$)		Fee Description	Fee (\$)	Code	Fee (\$)	1202	18	2202	9 Claims in excess of 20	1201	86	2201	43 Independent claims in excess of 3	1203	290	2203	145 Multiple dependent claim, if not paid	1204	86	2204	43 * Reissue independent claims over original patent	1205	18	2205	9 * Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																																												
Large Fee Code (\$)	Entity Fee Code (\$)		Fee Description																																																																																																																																																																																																																																																																																							
	Fee (\$)	Code		Fee (\$)																																																																																																																																																																																																																																																																																						
1202	18	2202	9 Claims in excess of 20																																																																																																																																																																																																																																																																																							
1201	86	2201	43 Independent claims in excess of 3																																																																																																																																																																																																																																																																																							
1203	290	2203	145 Multiple dependent claim, if not paid																																																																																																																																																																																																																																																																																							
1204	86	2204	43 * Reissue independent claims over original patent																																																																																																																																																																																																																																																																																							
1205	18	2205	9 * Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																																																																							
SUBTOTAL (2) (\$ 54.00)																																																																																																																																																																																																																																																																																										
<small>**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE. *For Reissues, see above</small>																																																																																																																																																																																																																																																																																										
SUBMITTED BY Name (Print/Type) Randall S. Vaas 				Complete (if applicable) Registration No. 34,479 Telephone 847-523-2327 Date 3-10-2004																																																																																																																																																																																																																																																																																						